

Japanese American Confinement Sites Grant Application

National Park Service
U.S. Department of the Interior

APPLICATION DEADLINE: Monday, June 1, 2009



Please read and follow the Grant Program Guidelines & Application Instructions when completing this application. See submission guidelines and program contact information on the last page of the application form.

A. PROJECT INFORMATION

Project Name _____

Project Type (Select **ONLY** one):

☐

Capital Project

☐

Documentation

☐

Oral history

☐

Preservation

☐ Interpretation & Education

☐

Planning

☐

Real property acquisition

*Note that property acquisition is limited to Honolulu, Jerome, Rohwer, and Topaz, as stipulated by Public Law 109-441.

Confinement Site(s) that
will benefit from project: _____

Location of Confinement Site: _____

City _____ County _____ State _____ Zip Code _____

Federal Amount Requested \$ _____ Non-Federal Match _____ Total Project Budget \$ _____

B. APPLICANT AND PROJECT DIRECTOR

APPLICANT AGENCY / ORGANIZATION

Authorizing Official's Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

PROJECT DIRECTOR (if different from Authorizing Official above)

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

APPLICANT TYPE (select ONLY one)

☐ City

☐ County

☐ State

☐ Tribe

☐ Other Public Entity

☐ Private Non-profit Organization

☐ Educational Institution

Eligible applicants must submit proof of governmental, non-profit or institutional status with this application.

Examples:

- An official document identifying the applicant as a unit of state, tribal, or local government or other tax-exempt multipurpose organization. If prepared specifically for this application, the certification must be on the parent organization letterhead and certified by an official of the parent organization.
- A copy of the Federal IRS letter indicating the applicant's eligibility for nonprofit 501 (c) 3 status under the applicable provisions of the Internal Revenue Code of 1954, as amended.

OWNER'S WRITTEN CONSENT

Does the applicant own this historic property or collection?

☐ Yes

☐ No

☐ N/A

If the applicant does not own this property, please attach a letter from the owner giving consent to the applicant as the grantee of record to undertake work on the property or collection.

SIGNATURE OF AUTHORIZING OFFICIAL

The authorizing official for this project must sign and date this form. The original application must have an original signature and be in ink.

Signature _____

Date _____

Print Name and Title _____

Organization _____

D. EVALUATION CRITERIA

Please address the following questions, limiting your response to the space below.

1) PROJECT NEED

- a) How does this project address a critical issue (examples: threatened resources, health/safety concerns)?
- b) How will the project increase public awareness and understanding of the Japanese American World War II confinement sites?
- c) How will the project preserve or improve the condition of Japanese American World War II confinement site resources?

C. PROJECT SUMMARY

In the space below, summarize the proposed project. Limit your response to the space below.

2) PROJECT IMPACT

What impact will the project have and how will the impact be measured (examples: increase visitation to the site, reach a large and diverse audience, remain relevant and available for current and future generations)? Limit your response to the space below.

3) PROJECT SUSTAINABILITY

What is the long-term impact of the project and how will the project be sustained? Limit your response to the space below.

5) PROJECT SUPPORT

How much support and participation does the project have from former internees, stakeholders, and/or the public? Limit your response to the space below.

E) SOURCES OF THE NON-FEDERAL MATCH

A 2:1 Federal to non-Federal match is required. Please list the **secured** sources and amounts of the required non-Federal match, which can be cash, supplies/materials/equipment, land, or in-kind services. Federal funds may not be used for the match. If the match is **not yet secured**, please explain how it will be raised. Limit your response to the space below.

4) PROJECT FEASIBILITY

How feasible is the project and does the applicant demonstrate the ability to successfully complete the project?

- a) Is the project cost effective?
- b) Does the applicant demonstrate an ability to complete the project in a timely, cost effective, and professional manner, ensuring laws and standards are met?
- c) Has adequate planning been completed for the project?

Limit your response to the space below.

F. PROJECT BUDGET AND FINANCIAL INFORMATION

The budget must be clear, and all work elements must be eligible, reasonable, and directly relevant to the project. Outline the project budget in the form below; attach additional sheets, if necessary. Each cost item must clearly show how the total charge for that item was determined. The budget must include at least the minimum 2:1 Federal to non-Federal required match (e.g., if applying for a \$10,000 Federal grant, requiring at least a \$5,000 match, the budget must describe the total project of at least \$15,000). All major costs must be listed below, and all cost items should be explained in the project description of this application. The budget for non-construction proposals should then be summarized on SF-424A.

How many years does this proposed budget cover? _____

a. Personnel. Provide the names and titles of key project personnel. Please note that grant funds may not be used to pay Federal employees' salaries, nor may Federal salaries be used as match/cost share.

Name/Title of Position	Wage or Salary	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

b. Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.

Rate	Salary or Wage Base	Federal Grant Funds	Match/Cost Share (if any)	Total
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

c. Travel. Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.

From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation costs (Airfare and Mileage)	Federal Grant Funds	Match/Cost Share (if any)	Total
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Subtotal					\$	\$	\$

d. Equipment. List all equipment items in excess of \$5,000. Items worth less than \$5,000 or that have a useful life of less than two years must be listed in Supplies (Category e).

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

e. Supplies. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$5,000 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in Equipment (Category d).

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

f. Contractual. Include payments for professional and technical consultants participating in the project.

Name and Type of Consultant	# of Days	Daily Rate of Compensation	Federal Grant Funds	Match/Cost Share (if any)	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Subtotal			\$	\$	\$

g. Construction. Include materials and labor. If this is a "lump sum" amount supplied by an architect or contractor, explain briefly what work items are included in the lump sum.

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

h. Other (including administrative costs. Specify).

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

i. Indirect Charges.

Item	Cost	Federal Grant Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

G. SUBMISSION GUIDELINES

Applications must be submitted in paper copy. Applications sent by fax or submitted electronically will **NOT** be accepted. Incomplete applications and those not received by the deadline will **NOT** be considered.

Applications must be received by MONDAY, JUNE 1, 2009

YOU MUST SUBMIT -

- One (1) original with original signatures and seven (7) copies - a total of eight (8) - **complete** application packages.
- Each copy must be secured with a staple or binder clip; do not use pocket folders, notebooks, or ring-binders.

A complete application package consists of:

- Signed FY 2009 JACS application form.
- Signed SF 424 Application for Federal Assistance.
- Signed "Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying" (DI2010).
- Proof of applicant's governmental, nonprofit or institutional status.
- Letter from owner giving consent, if applicable.
- Federally approved Indirect Cost Rate Agreement, if applicable.

Non-Construction projects must also submit:

- SF 424A Budget Information, Non-Construction Programs.
- Signed SF 424B Assurances - Non-Construction Programs.

Construction projects must also submit:

- SF 424C Budget Information, Construction Programs.
- Signed SF 424D Assurances - Construction Programs.

Supplemental information to explain the project will be accepted but is not required. If supplemental information is submitted, it **MUST** be included with the grant application and will not be considered if sent separately.

Please note that application materials, including supplemental information, will **NOT** be returned. All application materials, including photographs, become the property of the National Park Service (NPS) and may be reproduced by NPS or its partner organizations without permission; appropriate credit will be given for any such use.

SEND COMPLETED APPLICATIONS TO:

Postal Service delivery:

National Park Service
ATTN: Kara Miyagishima
P.O. Box 25287
Denver, CO 80225-0287

Express delivery:

National Park Service
ATTN: Kara Miyagishima
12795 West Alameda Pkwy.
Lakewood, CO 80228-2838

CONTACT ONE OF THE FOLLOWING NPS REPRESENTATIVES FOR ASSISTANCE OR ADDITIONAL INFORMATION

Intermountain Region

AZ, CO, MT, NM, OK, TX, UT, WY
Kara Miyagishima
303-969-2885
kara_miyagishima@nps.gov

Pacific Region

AK, CA, ID, NV, OR, WA, and other states not listed
Tom Leatherman
925-943-1531 ext. 122
tom_leatherman@nps.gov

Midwest Region

AR, IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI
Rachel Franklin-Weekley
402-661-1928
rachel_franklin-weekley@nps.gov

Hawaii

Frank Hays
808-541-2693 ext. 723
frank_hays@nps.gov